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7590	10/09/2003		EXAMINER	
Patrick S Yoder Suite 330 7915 FM 1960 West Houston, TX 77070			MORGAN, ROBERT W	
			ART UNIT	PAPER NUMBER
			3626	

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Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary	Application No.	Applicant(s)
	09/619,957	KOHLI, JAMES F.
Examiner	Art Unit	
Robert W. Morgan	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --
Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM
 THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133).
- Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) Responsive to communication(s) filed on ____.
 2a) This action is FINAL. 2b) This action is non-final.
 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) Claim(s) 1-34 is/are pending in the application.
 4a) Of the above claim(s) ____ is/are withdrawn from consideration.
 5) Claim(s) ____ is/are allowed.
 6) Claim(s) 1-34 is/are rejected.
 7) Claim(s) ____ is/are objected to.
 8) Claim(s) ____ are subject to restriction and/or election requirement.

Application Papers

- 9) The specification is objected to by the Examiner.
 10) The drawing(s) filed on ____ is/are: a) accepted or b) objected to by the Examiner.
 Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
 11) The proposed drawing correction filed on ____ is: a) approved b) disapproved by the Examiner.
 If approved, corrected drawings are required in reply to this Office action.
 12) The oath or declaration is objected to by the Examiner.

Priority under 35 U.S.C. §§ 119 and 120

- 13) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
 a) All b) Some * c) None of:
 1. Certified copies of the priority documents have been received.
 2. Certified copies of the priority documents have been received in Application No. ____.
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
 * See the attached detailed Office action for a list of the certified copies not received.
 14) Acknowledgment is made of a claim for domestic priority under 35 U.S.C. § 119(e) (to a provisional application).
 a) The translation of the foreign language provisional application has been received.
 15) Acknowledgment is made of a claim for domestic priority under 35 U.S.C. §§ 120 and/or 121.

Attachment(s)

- | | |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) Paper No(s). ____ . |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152) |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO-1449) Paper No(s) ____ . | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Claim Rejections - 35 USC § 103

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

Claims 1-11 and 29-34 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,006,191 to DiRienzo in view of U.S. Patent No. 6,598,011 to Howards Koritzinsky et al.

As per claim 1, DiRienzo teaches a Remote Access Medical Image eXchange (hereinafter "RAMIX") which includes a method for generating reports for management of a medical facility (see: column 18, lines 37-42 and 54-55), the method comprising the steps of:

(a) the claimed storing data representative of operation of a medical facility in a data repository operative in a first processing space is met by the remote access medical exchange system that stores digital medical images in a remotely accessible storage device (see: column 12, lines 15-23); and

(b) the claimed accessing data from the repository to populate a report is met by the RAMIX that receives, stores and downloads medical images requiring diagnosis readings and receives, stores and transmit reports regarding diagnosis reading performed on medical images (see: column 18, lines 37-42). In addition, access to a patient's electronic medical record (EMR)

as it moves through the RAMIX is provided with security measures (e.g. passwords) (see: column 20, lines 25-47).

DiRienzo fails to explicitly teach:

- (c) the claimed transmitting the accessed data to a second processing space separated from the first processing space by a security device; and
- (d) the claimed generating the report in the second processing space based upon the transmitted data.

Howards Koritzinsky et al. teaches a medical diagnostic and imaging system including a plurality of field service units (24, Fig. 1) coupled in the service system for transmitting service request, verifying service status, transmitting service data and so forth (see: column 4, lines 40-44). In addition, the workstation (72, Fig. 1) and field service units (24, Fig. 1) may be linked for communication to the service facility (22, Fig. 1) via a remote access network (80, Fig. 1). Howards Koritzinsky et al. further teaches a report generation module that generates system specific reports based upon collected information from the gathering module (176, Fig. 4B). Such reports may also include information on entire populations of similar diagnostic systems, such as for comparison purposes, component life predictions and so forth (see: column 10, lines 50-65).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include the medical diagnostic and imaging system used to transmit data and generate report as taught by Howards Koritzinsky et al. within the Remote Access Medical Image exchange system as taught by DiRienzo with the motivation identifying,

diagnosing and treating physical conditions and greatly reducing the need for surgical diagnostic intervention (see: DiRienzo: column 1, lines 17-20).

As per claim 2, Howards Koritzinsky et al. teaches the claimed data is accessed in accordance with a predetermined reporting schedule. This limitation is met by the service engineer that can configure parameters of the system to schedule for the running of automatic service report generation (see: column 9, lines 25-28).

As per claim 3, Howards Koritzinsky et al. teaches the claimed data is accessed in response to an operator prompt for report generation. This limitation is met by the service engineer that can configure parameters of the system to schedule for the running of automatic service report generation (see: column 9, lines 25-28).

As per claim 4, Howards Koritzinsky et al. teaches the claimed step of generating a report template identifying data to be accessed in the first processing space, and wherein step (b) includes accessing data identified in the report template. This feature is met by the report generation module that generates system specific reports based upon collected information from the gathering module (176, Fig. 4B). Such reports may also include information on entire populations of similar diagnostic systems, such as for comparison purposes, component life predictions and so forth (see: column 10, lines 50-65). In addition, Howards Koritzinsky et al. further teaches a modality interface (118, Fig. 3) including applets or servlets for building modality-specific application, as well as configuration templates (see: column 8, lines 31-40).

As per claim 5, Howards Koritzinsky et al. teaches the claimed security device includes a firewall (see: column 7, lines 39-47).

As per claim 6, Howards Koritzinsky et al. teaches the claimed accessed data is stored in a data file and step (c) includes exporting the data file to a storage medium in the second processing space. This limitation is met by the modality controller (120, Fig. 3) and modality-specific subcomponents (122, Fig. 3) for executing examinations, and memory circuitry for storing image data files, log files, error files and so forth (see: column 8, lines 43-47). In addition, Howards Koritzinsky et al. teaches the system used for accessing service request page, image data files, log files, error files, and so forth (see: column 13, lines 24-32).

As per claim 7, Howards Koritzinsky et al. teaches the claimed step of automatically generating a notification message indicative of availability of the report generated in step (d). This limitation is met by the service engineer that can configure parameters of the system to establish electronic messaging including automatic service report generation (see: column 9, lines 25-28).

As per claim 8, Howards Koritzinsky et al. teaches the claimed message is transmitted to a user, and the report is maintained in the second processing space at least until the user accesses the report to a remote location. This feature is met by the message page (230, Fig. 10), where upon accessing the message page the system user is provided with information on service and other messages received by the diagnostic system via a network connection including the location of where the reports are generated (see: column 14, line 50 to column 15, line 10).

As per claims 9 and 10, Howards Koritzinsky et al. teaches the claimed second processing space is accessible via a wide area network and Internet. This limitation is met by the communication modules used to connect the workstation (72, Fig. 1) and field service units (24,

Fig. 1) linked to the service facility (22, Fig. 1) via a remote access network (80, Fig. 1) such as an open network like the Internet (see: column 6, lines 33-39).

As per claim 11, Howards Koritzinsky et al. teaches the claimed report is generated for a subscribing medical facility, and wherein the first processing space is inaccessible to the subscribing facility. This feature is met by the reports that are requested for financial, subscription, or other management functions, including listings of current license subscription, accumulated fees for specific accounts (e.g., resulting from pay-per-use or one-time fee arrangement) and so forth (see: column 19, lines 13-39). The Examiner considers the subscription fee required by the subscribing facility indicates that certain reports are inaccessible to the non-subscription users or medical facilities.

As per claim 29, it is rejected for same reasons set forth in claim 1.

As per claim 30, Howards Koritzinsky et al. teaches the claimed means for notifying the medical facility of availability of the report. This limitation is met by the service engineer that can configure parameters of the system to establish electronic messaging such as for automatic service report generation (see: column 9, lines 25-28 and step 306, Fig. 13).

As per claim 31, Howards Koritzinsky et al. teaches the claimed means for transmitting the report to the medical facility. This feature is met by the automated service unit (136, Fig. 4) that enables the service facility to communicate and exchange data and messages with diagnostic system and remote service units (see: column 9, lines 46-50 and column 10, lines 50-65).

As per claim 32, Howards Koritzinsky et al. teaches the claimed means for transmitting the report includes a wide area network. This limitation is met by the communication modules used to connect the workstation (72, Fig. 1) and field service units (24, Fig. 1) linked to the

service facility (22, Fig. 1) via a remote access network (80, Fig. 1) such as open network like the Internet (see: column 6, lines 33-39).

As per claim 33, Howards Koritzinsky et al. teaches the claimed first processing space is inaccessible by the medical facility and the second processing space is accessible by the medical facility. This feature is met by the reports requested for financial, subscription, or other management functions, including listings of current license subscription, accumulated fees for specific accounts (e.g., resulting from pay-per-use or one-time fee arrangement) and so forth (see: column 19, lines 13-39). The Examiner considers the subscription fee required by the subscribing facility indicates that certain reports are inaccessible to the non-subscription users or medical facilities. Furthermore, the Examiner considers the subscription fee required by the subscribing facility indicates that the medical diagnostic facility if a paid subscriber, has access to reports in the second processing space.

As per claim 34, it is rejected for the same reasons set forth in claim 1.

Claims 12-28 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent No. 6,598,011 to Howards Koritzinsky et al.

As per claim 12, Howards Koritzinsky et al. teaches a method for securely generating reports of activities of a medical diagnostic facility (see: column 19, lines 14-39), the method comprising the steps of:

(a) storing data representative of activities of the medical diagnostic facility in a secure database operative in a first processing space is met by the local service database (102, Fig. 2) that stores service record files (see: column 7, lines 39-42 and 53-56).

Howards Koritzinsky et al. fails to explicitly teach:

- (b) defining a report template, the report template identifying data for presentation in a report;
- (c) populating a data file in the first processing space with data from the database as identified by the report template;
- (d) exporting the data file to a second processing space separated from the first processing space; and
- (e) generating the report in the second processing space based upon the template and the data file.

However, Howards Koritzinsky et al. teach a report generation module that generates system specific reports based upon collected information from the gathering module (176, Fig. 4B). Such reports may also include information on entire populations of similar diagnostic systems, such as for comparison purposes, component life predictions and so forth (see: column 10, lines 50-65). Howards Koritzinsky et al. also teach a modality controller (120, Fig. 3) and modality-specific subcomponents (122, Fig. 3) that execute examinations, and include memory circuitry for storing image data files, log files, error files and so forth. An adapter (116, Fig. 3) may interact with components and interface to convert stored data to and from desired protocols (see: column 8, lines 31-53). In addition, modality interface (118, Fig. 3) includes applets or servlets for building modality-specific application, as well as configuration templates (see: column 8, lines 31-40). Therefore, it would have been obvious to a person of ordinary skill in the art the time the invention was made to modify the report generation module and modality-specific subcomponents to as taught by Howards Koritzinsky et al. to include defining, populating, and exporting data files from one processing space to another with the motivation of

keeping accurate and precise records thereby providing the user with very detailed and organized reports.

As per claim 13, Howards Koritzinsky et al. teaches the claimed step (a) includes storing data accessed from the medical diagnostic facility during automated data collection. This limitation is met by the license database (146, Fig. 4) that stores, updates, and verifies the status of diagnostic system service subscription (see: column 9, line 66 to column 10, lines 2).

As per claim 14, Howards Koritzinsky et al. teaches the claimed first processing space is inaccessible by the medical diagnostic facility. This feature is met by the reports requested for financial, subscription, or other management functions, including listings of current license subscription, accumulated fees for specific accounts (e.g., resulting from pay-per-use or one-time fee arrangement) and so forth (see: column 19, lines 13-39). The Examiner considers the subscription fee required by the subscribing facility indicates that certain reports are inaccessible to the non-subscription users or medical facilities.

As per claim 15, Howards Koritzinsky et al. teaches the claimed second processing space is accessible by the medical diagnostic facility. This feature is met by the reports that are requested for financial, subscription, or other management functions, including listings of current license subscription, accumulated fees for specific accounts (e.g., resulting from pay-per-use or one-time fee arrangement) and so forth (see: column 19, lines 13-39). The Examiner considers the subscription fees involved with accessing certain information indicates that the medical diagnostic facility if a paid subscriber, has access to reports in the second processing space.

As per claims 16 and 17, they are rejected for the same reasons set forth in claims 9 and 2.

As per claim 18, Howards Koritzinsky et al. teaches the claimed report is stored in the second processing space until accessed by the medical diagnostic facility. This limitation is met by the reports stored and accessed by the diagnostic system or the remote service facility (see: column 10, line 50 to column 11, line 20).

As per claim 19, it is rejected for the same reason set forth in claim 12.

As per claims 20 and 21, they are rejected for the same reasons set forth in claims 9 and 10.

As per claim 22, Howards Koritzinsky et al. teaches the claimed data stored in step (a) is collected at least partially during automated data collection sessions between the medical diagnostic facility and a remote service provider. This feature is met by the automated data-gathering module (176, Fig. 4B) that may include all or a portion of an automated service unit (136, Fig. 4) that enables the service facility to communicate and exchange data and messages with diagnostic system and remote service units (see: column 9, lines 46-50 and column 10, lines 50-65).

As per claim 23, Howards Koritzinsky et al. teaches a system for generating reports relating to activities of a medical diagnostic facility (see: column 19, lines 14-39), the system comprising:

a secure data repository operative in a first processing space for storing data representative of activities of the medical diagnostic facility is met by the security barrier or firewall used to transmit message and data between the diagnostic system and the service facility and the local service database (102, Fig. 2) used to store record files, log files and so forth (see: column 7, lines 39-60).

Howards Koritzinsky et al. fails to explicitly teach:

- a report template identifying desired data for populating a report;
- a data access program module, operative in the first processing space for extracting the desired data from the repository;
- a second data repository operative in a second processing space securely separated from the first processing space for storing the desired data extracted by the data access program module; and
- a report generation program module, operative in the second processing space for generating a report based upon the desired data.

However, Howards Koritzinsky et al. teach a report generation module that generates system specific reports based upon collected information from the gathering module (176, Fig. 4B). Such reports may also include information on entire populations of similar diagnostic systems, such as for comparison purposes, component life predictions and so forth (see: column 10, lines 50-65). Furthermore, Howards Koritzinsky et al. teach an access module (114A, Fig. 5) that allows the service facility to verify the license and security status of the field units (see: column 11, lines 32-34). Howards Koritzinsky et al. also teach a modality controller (120, Fig. 3) and modality-specific subcomponents (122, Fig. 3) that execute examinations, and include memory circuitry for storing image data files, log files, error files and so forth. An adapter (116, Fig. 3) may interact with components and interface to convert stored data to and from desired protocols (see: column 8, lines 31-53). In addition, modality interface (118, Fig. 3) includes applets or servlets for building modality-specific application, as well as configuration templates (see: column 8, lines 31-40).

The obviousness of modifying the teachings of Howards Koritzinsky et al. to include the different modules as described above are discussed in the rejection of claim 12, and incorporated herein.

As per claim 24, it is rejected for the same reasons set forth in claim 2.

As per claim 25, Howards Koritzinsky et al. teaches the claimed second data repository is configured to store the report. This feature is met by the report storage device (174, Fig. 4B).

As per claim 26, Howards Koritzinsky et al. teaches the claimed second data repository is accessible by the medical diagnostic facility. This feature is met by the reports that are requested for financial, subscription, or other management functions, including listings of current license subscription, accumulated fees for specific accounts (e.g., resulting from pay-per-use or one-time fee arrangement) and so forth (see: column 19, lines 13-39). The Examiner considers the subscription fee required to access certain information as indication that the medical diagnostic facility if a paid subscriber, has access to reports in the second data repository. Furthermore, the automated service unit (136, Fig. 4) that enables the service facility to communicate and exchange data and messages with diagnostic system and remote service units (see: column 9, lines 46-50 and column 10, lines 50-65).

As per claim 27, Howards Koritzinsky et al. teaches the claimed a server coupled to the second data repository for transmitting the report to the medical diagnostic facility. This feature is met by the server (94, Fig. 4) coupled to the other components of the service facility to handle service request and transmitting messages and reports in response to requests (see: column 9, lines 42-46).

As per claim 28, Howards Koritzinsky et al. teaches the claimed server is configured to be coupled to a wide area network, and to transmit the report to the medical diagnostic facility via the wide area network. This limitation is met by the communication modules used to connect the workstation (72, Fig. 1) and field service units (24, Fig. 1) linked to the service facility (22, Fig. 1) via a remote access network (80, Fig. 1) such as open network like the Internet (see: column 6, lines 33-39).

Conclusion

The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

In related art (6,272,469) Koritzinsky et al. teaches a medical and diagnostic and imaging systems which is configured to execute protocols for examinations and image acquisitions.

In related art (5,995,939) Berman et al. provides an automated service request and fulfillment systems where request are made and fulfilled over a network.

In related art (5,655,084) Pinsky et al. teaches a network that provides high quality and timely medical interpretations of radiological images on national and regional basis.

In related art (6,603,494) Banks et al. discloses an imaging system coupled to a network that can be used to interface with any of several different imaging system types.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Robert W. Morgan whose telephone number is (703) 605-4441. The examiner can normally be reached on 8:30 a.m. - 5:00 p.m. Mon - Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (703) 305-9588. The fax phone number for the organization where this application or proceeding is assigned is (703) 872-9306.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is (703) 308-1113.

RWM
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